

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Post-Discharge Summary	Effective Date: July 1, 2006
	Reference: Chapter 11	Version: 1

Post-Discharge Summary

Client Name _____
Date Completed _____

- 1) Did you hold a job, either full-or part-time for at least three consecutive months in the past six months?
___YES ___NO
- 2) Did you participate in an apprenticeship, internship, or other employment-training situation, either paid or unpaid, for at least three consecutive months in the past six months?
___YES ___NO
- 3) Did you receive SSI at any time during the last six months?
___YES ___NO
- 4) Did you use a scholarship to cover any living or educational expenses during the past six months?:
___YES ___NO
- 5) Did you receive a stipend to voucher any living, educational or vocational expenses during the last six months?
___YES ___NO
- 6) Did you receive TANF, general assistance, food stamps, WIC, or LIHEAP (energy assistance) at any time since January 15, 2000?
___YES ___NO
- 7) Did you receive financial resources or support from any other source, excluding paid employment, during the past six months?
- 8) Did you receive financial resources or support from any other source, excluding paid employment, during the past six months?
___YES ___NO
- 9) Do you currently have a savings, checking or money market account or CD at a financial institution such as a bank or investment company?
___YES ___NO
- 10) Were you ever homeless at any time during the past six months?
___YES ___NO
- 11) How long were your homeless?
___YES ___NO
- 12) Have you received a college degree?
___YES ___NO

13) Have you ever received a vocational certificate or vocational license?
___YES ___NO

14) During the past six months, were you enrolled in and attending any of the following: high school, GED classes, a vocational training program, or college?
___YES ___NO

15) Currently is there at least one adult in the community you can go to for emotional support?
___YES ___NO

16) Currently is there at least one adult in the community you can go to for job or school advice or guidance?
___YES ___NO

17) During the past seven months were you referred for substance abuse assessment or counseling?
___YES ___NO

18) During the past seven months were you incarcerated or detained in a jail, prison, or juvenile detention facility?
___YES ___NO

19) Female-Did you give birth to a child in the past six months?
___YES ___NO

Male-Did you father a child in the past six months?
___YES ___NO

20) Are you currently covered by health insurance that pays toward physical health care?
___YES ___NO

21) Are you currently covered by health insurance that pays toward mental health care?
___YES ___NO

22) Do you currently require ongoing medication prescribed by a doctor to maintain your physical or mental health?
___YES ___NO

23) Are you able to continue taking your medication, getting a doctor's prescription, getting the prescription filled, and paying for the medication?
___YES ___NO

Family Case Manager or
Probation Officer Name: _____ Interviewee Name: _____

Signature: _____ Signature: _____